

MDR Tracking Number: M5-04-1701-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on July 24, 2003.

In accordance with Rule 133.308 (e)(1) the Commission received the medical dispute resolution request on 07-24-03, therefore the following date(s) of service are not timely: 07-19-02 & 07-22-02 and will not be reviewed.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises (97110) and therapeutic activities (97530) from 07-24-02 through 08-27-02 **were found** to be medically necessary. The office visit (99213), manipulation one area service (97260), gait training, neuromuscular re-education, and group therapy from 07-29-02 through 03-12-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 07-24-02 through 08-27-02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 3rd day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION **Revised Notice 06/25/04**
Note: Attachment Added

May 13, 2004

Amended Letter 07/14/04

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-1701-01
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. ____ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This is a 42 year old female who sustained an injury at work on _____. The patient was in the process of opening a door when she slipped backwards striking her head, neck, upper back, lower back, and right wrist. The patient complains of headaches, neck-upper back-lower back, right wrist, and bilateral leg pain. She has trouble in sitting, standing, and walking; but the pain is eased when she lies in a supine position. She also complains that she cannot sleep due to her pain level and when she does sleep, she is easily awakened. The x-rays were negative for acute abnormality, MRIs showed degenerative disc disease to cervical spine and lumbar spine and the right wrist showed a small joint effusion, but otherwise unremarkable. The patient's treatment has included physical therapy, pain management, epidural steroid injections, and imaging studies.

Requested Service(s)

Therapeutic exercises, therapeutic activities, gait training, neuromuscular reeducation, group therapy, level III office visit, manipulation-one area (97260) for dates of service 07/24/02-03/12/03.

Decision

It is determined the manipulation, one area service (97260), the office visit (99213), the therapeutic exercises (97710), and therapeutic activities (97530) up to and including only 08/27/02, were medically necessary to treat this patient's condition. **Since the office visit (99213) on 01/21/03 and the manipulation one area service (97260) on 02/19/03 occurred after 08/27/02, they were not medically necessary.** The remaining services including gait training, neuromuscular reeducation, and group therapy were not medically necessary. In addition any therapeutic activities performed after 08/27/02 were not medically necessary.

Rationale/Basis for Decision

The diagnosis and medical records submitted in this case adequately support periodic reevaluations. However, the medical record documentation indicates that chiropractic manipulation was performed on only one occasion during the treatment range in dispute. According to the AHCPRⁱ guidelines, spinal manipulation is the only treatment that can relieve symptoms, increase function and hasten recovery for

adults with acute low back pain. Other studies^{ii iii iv} have shown the similar benefits of spinal manipulation for cervical spine conditions. Based on those finding, there is no indication for a performing a host of other therapies while withholding a proper regimen of spinal manipulation, which is the recommended and clearly indicated form of care for the type of injuries in this case. Therefore, the single manipulation service was medically necessary.

After 08/27/02, the patient was transitioned into a group exercise program in lieu of one-on-one supervised exercises. Upon careful review of the treatment records, neither patient progress nor response to treatment was adequately documented in the records during this time frame, and a reexamination was not performed until 01/21/03. In addition, after 2 months of supervised exercises in a clinical setting, there would have been ample time to instruct the patient on further exercises at home. Therefore, the medical necessity for exercises in a group setting cannot be supported.

Insofar as the gait training (97116) and neuromuscular reeducation (97112) services are concerned neither the diagnosis submitted nor the objective findings in the records submitted supported the medical necessity of these procedures.

Sincerely,

Attachment

ⁱ Bigos S., Bowyer O., Braen G., et al. Acute Low Back Problems in Adults. Clinical Practice Guideline No. 14. AHCPR Publication No. 05-0642. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. December. 1994

ⁱⁱ Hurwitz EL, Morgenstern H, Harber P, Kominski GF, Yu F, Adams AH. A randomized trial of chiropractic manipulation and mobilization for patients with neck pain: clinical outcomes from the UCLA neck-pain study. Am J Public Health. 2002 Oct;92(10):1634-41.

ⁱⁱⁱ Hoving JL, Koes BW, de Vet HC, van der Windt DA, Assendelft WJ, van Mameren H, Deville WL, Pool JJ, Scholten RJ, Bouter LM. Manual therapy, physical therapy, or continued care by a general practitioner for patients with neck pain. A randomized, controlled trial. Am Intern Med. 2002 May 21;136(10):713-22.

^{iv} Gross AR, Hoving JL, Haines TA, Goldsmith CH, Kay T, Aker P, Bronfort G, Cervical overview group. Manipulation and Mobilization for Mechanical Neck Disorders, Cochran Database Syst Rev. 2004;1:CD004249.
